HAVENWOOD NURSING & REHAB 3333 WEST HIGHLAND BOULEVARD

MI LWAUKEE Ownership: Corporati on 53208 Phone: (414) 344-8100 Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 280 Title 18 (Medicare) Certified? Yes

319

Number of Residents on 12/31/00: 235

Total Licensed Bed Capacity (12/31/00):

Average Daily Census:

225

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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care	No	Primary Diagnosis	 %	Age Groups	%	Less Than 1 Year	54. 0
Supp. Home Care-Personal Care	No					1 - 4 Years	31. 9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	16. 6	More Than 4 Years	14. 0
Day Services	No	Mental Illness (Org./Psy)	14. 5	65 - 74	14. 0		
Respite Care	No	Mental Illness (0ther)	6. 4	75 - 84	26. 4		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.4	85 - 94	34. 9	*************	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.4	95 & 0ver	8. 1	Full-Time Equivale	nt
Congregate Meals	No	Cancer	0. 9			Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	11.5		100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	9.8	65 & 0ver	83. 4	 	
Transportation	No	Cerebrovascul ar	8. 9			RNs	7. 1
Referral Service	No	Diabetes	1.7	Sex	%	LPNs	14. 1
Other Services	No	Respiratory	6.8			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	38. 7	Male	27. 7	Aides & Orderlies	40. 2
Mentally Ill	No	İ		Female	72. 3	i I	
Provide Day Programming for		İ	100.0			İ	
Developmentally Disabled	No	İ			100. 0	i I	
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Method of Reimbursement

		Medi	care		Medi c	ai d											
		(Title 18) (Title 19)		19)	Other Pri vat			ri vate Pay			Managed Care			Percent			
			Per Di	em		Per Die	m		Per Die	m		Per Dien	n		Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No	o. %	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	14	8. 3	\$126. 57	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	14	6. 0%
Skilled Care	9	100. 0	\$256.90	134	79. 3	\$102.02	2	100. 0	\$107.00	10	100.0	\$155.00	45	100. 0	\$107.02	200	85. 1%
Intermediate				21	12. 4	\$87.48	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	21	8. 9%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Traumatic Brain Inj	j. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Ventilator-Dependen	nt 0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	9	100. 0		169	100. 0		2	100. 0		10	100.0		45	100. 0		235	100.0%

HAVENWOOD NURSING & REHAB

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condi t	ions, Services,	and Activities as of 12/	31/00
Deaths During Reporting Period							
					% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.4	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	26. 7	Bathi ng	5. 1		51. 5	43. 4	235
Other Nursing Homes	4.3	Dressi ng	15. 3		37. 9	46. 8	235
Acute Care Hospitals	53. 1	Transferri ng	22. 1		50. 6	27. 2	235
Psych. HospMR/DD Facilities	3.6	Toilet Use	23. 0		34. 9	42. 1	235
Rehabilitation Hospitals	0.0	Eating	65. 5		24. 3	10. 2	235
Other Locations	11. 9	*************	******	*****	**********	*********	******
Total Number of Admissions	277	Continence		%	Special Treatr	ments	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	3.0	Receiving Re	espi ratory Care	6. 8
Private Home/No Home Health	11.7	0cc/Freq. Incontine	nt of Bladder	69. 4	Recei vi ng Tı	racheostomy Care	0. 9
Private Home/With Home Health	61.3	0cc/Freq. Incontine	nt of Bowel	66. 4	Recei vi ng Su	ıcti oni ng	1. 7
Other Nursing Homes	0.4				Recei vi ng 0s	stomy Care	1. 7
Acute Care Hospitals	2.0	Mobility			Recei vi ng Tu	ıbe Feedi ng	8. 9
Psych. HospMR/DD Facilities	0.8	Physically Restraine	ed	15. 7	Receiving Ma	echanically Altered Diets	43. 8
Rehabilitation Hospitals	0.0	ĺ					
Other Locations	11.3	Skin Care			Other Resident	Characteristics	
Deaths	12. 5	With Pressure Sores		7. 2	Have Advance	e Directives	95. 3
Total Number of Discharges		With Rashes		1.7	Medi cati ons		
(Including Deaths)	256	İ			Receiving Ps	sychoactive Drugs	40. 9

		0wn	ershi p:	Bed	Si ze:	Li ce	ensure:		
	Thi s	Pro	pri etary	20	00+	Ski l	lled	All	
	Facility	Peer	Group	Peer	Group	Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	70. 5	74.6	0. 94	80. 3	0. 88	81. 9	0.86	84. 5	0.83
Current Residents from In-County	92. 3	84. 4	1.09	84. 7	1.09	85. 6	1.08	77. 5	1. 19
Admissions from In-County, Still Residing	44. 8	20. 4	2. 20	28. 9	1. 55	23. 4	1. 91	21.5	2.08
Admissions/Average Daily Census	123. 1	164. 5	0. 75	96. 3	1. 28	138. 2	0.89	124. 3	0. 99
Discharges/Average Daily Census	113. 8	165. 9	0. 69	100.6	1. 13	139. 8	0.81	126. 1	0. 90
Discharges To Private Residence/Average Daily Census	83. 1	62. 0	1.34	26. 4	3. 15	48. 1	1. 73	49. 9	1. 67
Residents Receiving Skilled Care	91. 1	89. 8	1. 01	88. 4	1.03	89. 7	1. 02	83. 3	1.09
Residents Aged 65 and Older	83. 4	87. 9	0. 95	90. 4	0. 92	92. 1	0. 91	87. 7	0. 95
Title 19 (Medicaid) Funded Residents	71. 9	71. 9	1. 00	73. 5	0. 98	65. 5	1. 10	69. 0	1.04
Private Pay Funded Residents	4. 3	15. 0	0. 28	18. 7	0. 23	24. 5	0.17	22.6	0. 19
Developmentally Disabled Residents	0. 0	1. 3	0.00	1. 2	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Residents	20. 9	31. 7	0. 66	33. 1	0.63	31. 5	0.66	33. 3	0.63
General Medical Service Residents	38. 7	19. 7	1. 97	20.6	1.88	21. 6	1. 79	18. 4	2. 10
Impaired ADL (Mean)	54. 0	50. 9	1.06	52. 0	1.04	50. 5	1.07	49. 4	1.09
Psychological Problems	40. 9	52. 0	0. 79	49. 4	0.83	49. 2	0.83	50. 1	0. 82
Nursing Care Required (Mean)	9. 1	7. 5	1. 21	6.8	1. 33	7. 0	1. 29	7. 2	1. 27